



**ALL CHILDREN MUST BE ACCOMPANIED BY AN ADULT**

**CHILD'S INFORMATION:**

**1<sup>st</sup> Child**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Guardian's Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 Gender: Male Female

T-Shirt Size: (CIRCLE) Youth XS Youth S Youth M Youth L Adult S  
 Adult M Adult L

**2<sup>ND</sup> Child**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Guardian's Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 Gender: Male Female

T-Shirt Size: (CIRCLE) Youth XS Youth S Youth M Youth L Adult S  
 Adult M Adult L

**3<sup>rd</sup> Child**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Guardian's Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
 Gender: Male Female

T-Shirt Size: (CIRCLE) Youth XS Youth S Youth M Youth L Adult S  
 Adult M Adult L

**PARENT INFORMATION: Parent/ Legal Guardian**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

**Packet Pickup: Thursday December 8 & Friday December 9 from 11a.m. until 6.p.m. at CityScape, 123 W. Broad St. Suite 1, Cookeville, TN. 38501**

Waiver of liability. I, the undersigned, am signing to legally bound, hereby, for myself, my family, my successors, heirs, assignees, executors and administrators, forever waiver, release and discharge any and all rights, claims for damage, causes of action whether in law, equity or otherwise, known or unknown, that I or any of them may have against CityScape or the City of Cookeville. All sponsors of the events and their officers, directors, employees, volunteers, independent contractors, agents and representatives, successors and assignees, for any and all injuries, illness or other harm suffered by me in or as a result of the event.

CityScape reserves the right to cancel the event and shall not be liable for any actual or consequential damages. I further assume and will pay my own medical and emergency expenses in cases of an accident, illness or incapacity regardless of whether I have authorized said expenses. I hereby grant permission to CityScape to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose including commercial advertising. I have read this waiver carefully and understand it. The signature certifies that my son or daughter has my permission to participate in Swingin' with Santa. The signee has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and by signing intentionally and voluntarily agrees to its terms and conditions. The signature further certifies that my son/daughter is in good physical condition and can safely participate in the event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary.

**Parent/Guardian Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_